



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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December 23, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

FILED
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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10856094, in amount of \$33,333
Account Number 10778883, in amount of \$5,000
Account Number 10833367, in amount of \$4,911.46
Account Number 10861650, in amount of \$4,000
Account Number 10736040, in amount of \$4,649.31
Account Number 10752425, in amount of \$4,623.64

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.70

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM:

OFFICE OF THE COUNTY COUNSEL

By 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 70A
DATE: December 23, 2004

Amount of Aid	\$90,766.00	Account Number	10856094
Amount Paid	.00	Name	Adult Male
Balance Due	90,766.00	Service Date	04/02/03 to 04/13/03
Compromise Amount Offered	33,333.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$57,433.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$90,766.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.00	\$ 33,333.00	33.33%
Brookshire Imaging	8,400.00	7,834.00	7.84%
Functional & Restoration for MRI	500.00	400.00	.40%
County of Los Angeles	90,766.00	33,333.00	33.33%
Net to Client	N/A	25,100.00	25.10%
Total	\$132,999.00	\$100,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 70B
DATE: December 23, 2004

Amount of Aid	\$151,878.00	Account Number	10778883
Amount Paid	.00	Name	Adult Female
Balance Due	151,878.00	Service Date	08/13/03 to 09/16/03
Compromise Amount Offered	5,000.00	Facility	Rancho Los Amigos Medical Center
Amount to be Written Off	\$146,878.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Rancho Los Amigos Medical Center at a cost of \$151,878.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
County of Los Angeles	151,878.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	\$156,878.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 70C
DATE: December 23, 2004

Amount of Aid	\$164,953.00	Account Number	10833367
Amount Paid	.00	Name	Adult Female
Balance Due	164,953.00	Service Date	07/01/03 to 11/06/03
Compromise Amount Offered	4,911.46	Facility	Martin Luther King Medical Center
Amount to be Written Off	\$160,041.54	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Martin Luther King Medical Center at a cost of \$164,953.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,911.46	\$ 4,911.46	32.74%
Attorney Cost	265.61	265.61	1.78%
County of Los Angeles	164,953.00	4,911.46	32.74%
Net to Client	N/A	4,911.47	32.74%
Total	\$170,130.07	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed, homeless and receives public assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 70D
DATE: December 23, 2004

Amount of Aid	\$18,246.00	Account Number	10861650
Amount Paid	.00	Name	Adult Female
Balance Due	18,246.00	Service Date	12/28/01 to 12/31/01
Compromise Amount Offered	4,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$14,246.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$18,246.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 2,000.00	13.33%
Attorney Cost	1,281.00	1,281.00	8.55%
Neil Kravetz, M.D.	4,362.00	2,900.00	19.34%
Maywood Open MRI	2,100.00	1,400.00	9.34%
Athletic Rehab Ortho Medical Group	625.00	350.00	2.34%
Edward Komberg, M.D.	750.00	500.00	3.33%
Orange Imaging	1,119.00	750.00	5.00%
AMR Paramedics	935.00	935.00	6.23%
Millenium Medical Equipment	32.85	32.85	.21%
Covina Pharmacy	501.00	341.36	2.28%
County of Los Angeles	18,246.00	4,000.00	26.66%
Net to Client	N/A	509.79	3.39%
Total	\$35,951.85	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 70E
DATE: December 23, 2004

Amount of Aid	\$56,188.00	Account Number	10736040
Amount Paid	.00	Name	Adult Female
Balance Due	56,188.00	Service Date	04/28/03 to 06/12/03
Compromise Amount Offered	4,649.31	Facility	LAC USC Medical Center
Amount to be Written Off	\$51,538.69	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$56,188.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,921.98	\$ 4,921.98	32.82%
Attorney Cost	234.07	234.07	1.57%
Los Angeles Fire Department	343.25	171.63	1.15%
White Memorial Hospital	2,108.00	2,108.00	14.06%
Edward Greenfield, M.D.	845.00	422.50	2.82%
County of Los Angeles	56,188.00	4,649.31	31.00%
Net to Client	N/A	2,492.51	16.58%
Total	\$64,640.30	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 70F
DATE: December 23, 2004

Amount of Aid	\$27,748.00	Account Number	10752425
Amount Paid	.00	Name	Adult Male
Balance Due	27,748.00	Service Date	02/03/03 to 09/04/03
Compromise Amount Offered	4,623.64	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$23,124.36	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$27,748.00. There is no Medical or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,900.00	\$ 4,900.00	32.67%
Attorney Cost	300.00	300.00	2.00%
WestMed Ambulance Inc.	758.75	126.91	.85%
Orthopedic Care Center	900.00	150.43	1.00%
County of Los Angeles	27,748.00	4,623.64	30.82%
Net to Client	N/A	4,899.02	32.66%
Total	\$34,606.75	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself and family of four with a marginal income. He has no other source of income or tangible assets.